

MULTIPLE DEPEN. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10-209948  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	4		↓		↓	
TOTAL DEP.	3150	41	↓	41	↓	41
TOTAL CLAIMS	59					

PTO-1860 (REV. 11/84)

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			↓		↓	
TOTAL DEP.			↓	↓	↓	↓
TOTAL CEP.		↓		↓		↓
TOTAL CLAIMS						

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